

Adron Adams

Died at <sup>Town</sup> New Bowrie <sup>County</sup> Prince George MARYLAND

Date 1905 Aug 28 Age 40 - - Native of Virginia Occupation Laborer

Male ~~White~~ Married ~~Widow~~ Divorced ~~Female~~ Colored ~~Single~~ Widowed Number of children living 0

Husband of Licenda Adams

Wife

Father's Name Don't Know Mother's Name Don't Know

Maiden Name

Cause of Death Primary Obstruction of Bowels How long sick 1 week

Immediate Bowels Accident, Suicide, Homicide

Reported by Nelson Adams m d

Address Bowrie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1,1



Name  
in  
Full

Rebecca Benson

## CERTIFICATE OF DEATH

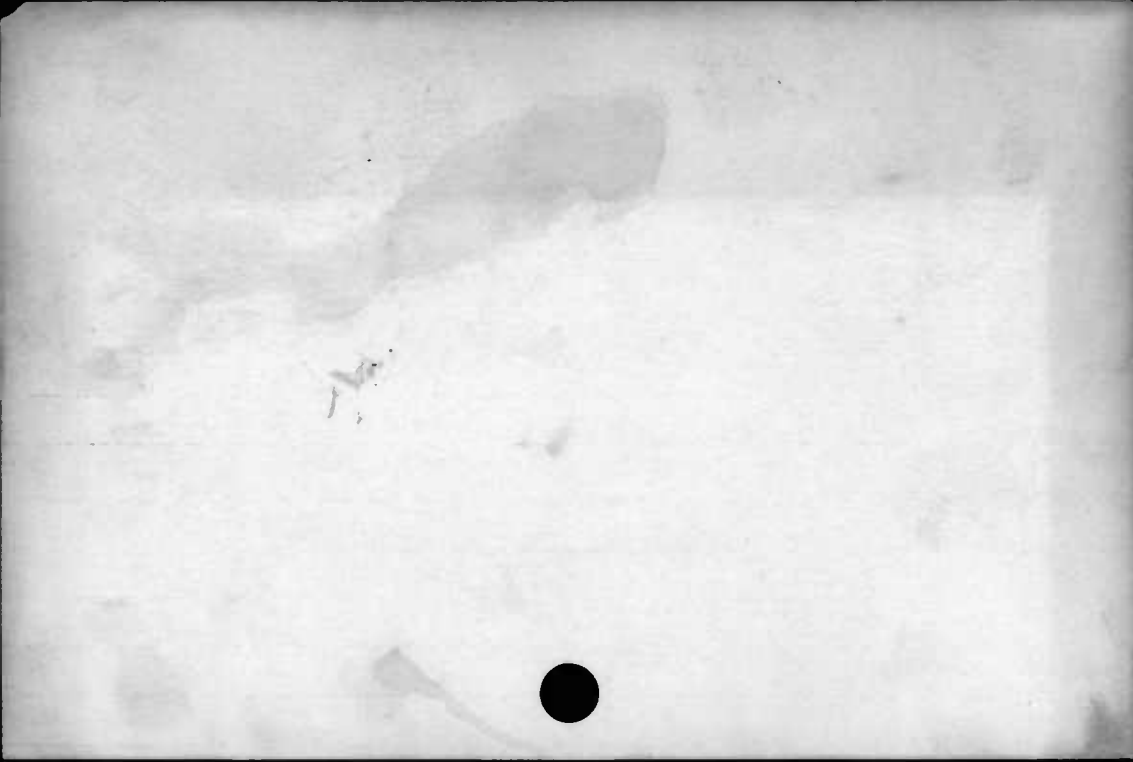
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Munster		County P. Geo. Co.		MARYLAND	
Date of death 190		Month 2 Aug	Day 20	Age 4	Years 4	Months	Days
Sex female		Color or Race Black		Birth- place Md			
<del>Married, Single</del> or <del>Widowed</del>				Occupation			
Name of Wife or husband							
Father's Name Prince Benson 28				Father's Birthplace Md			
Mother's Maiden Name Lida Bray				Mother's Birthplace Md			
Name of person giving In formation Prince Benson				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Tubercular Meningitis		How long 3 weeks	
Immediate		Eclampsia		How long 2 weeks	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician W. F. Taylor	
				Address Lund Md	
Accident or Suicide?					



Lena E. Brown

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Washington country

Died at

Date

Husband  
of  
WifeFather's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Thomas Perry Bruce

Town

Allentown

County

Pr Geo.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

1902

8

7

Age

11

8

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Father's  
Name

Jeremiah Bruce

Mother's

Name

Elizabeth Bruce

How long sick

Primary

Gastro Enteritis

5 days

Immediate

Conjestion lungs + Brain

Accident, Suicide, Homicide

E. P. Simpson, M.D.

ROSECROFT

Pr. Geo. Co., Md.

105





George F. Burges

Town

County

Died at

Haeab

P. Georgeb.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 27.

Age

37.

Md.

Farmer

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

John H. Burges

Mother's

Maiden Name

Dorothy Sweeney.

Cause of

Primary

Fracture of skull

How long sick

Sudden.

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

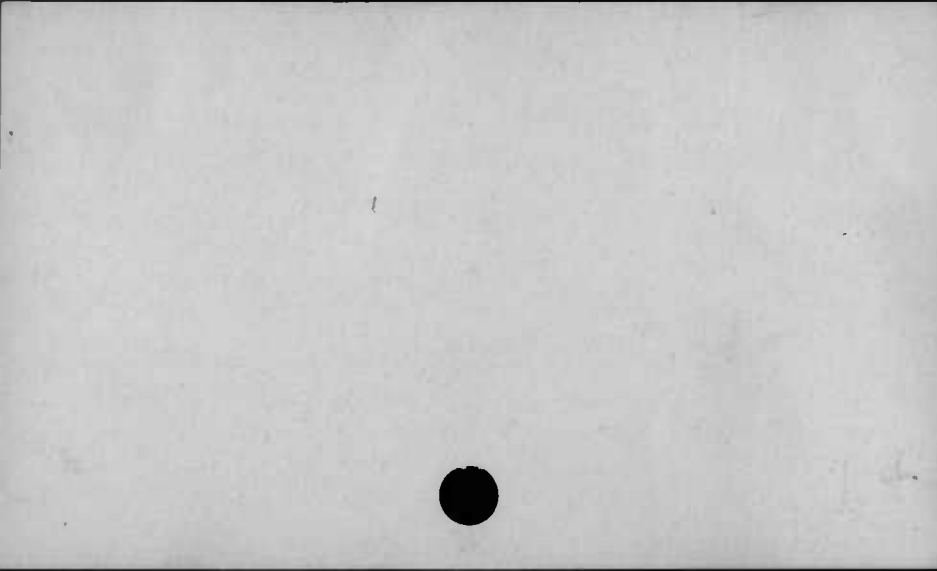
B. L. Biss

Address

Leland Md.

166

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Butler

Died at

Town  
MarlboroCounty  
P. Geo.

MARYLAND

Date 189

1902

Month

Day

8 20

Age

Y. M. D.

One year

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

William Butler

Mother's  
Name

Minnie Butler

Cause of

Primary

Death

Immediate

Premature about 151

How long sick

Accident, Suicide, Homicide

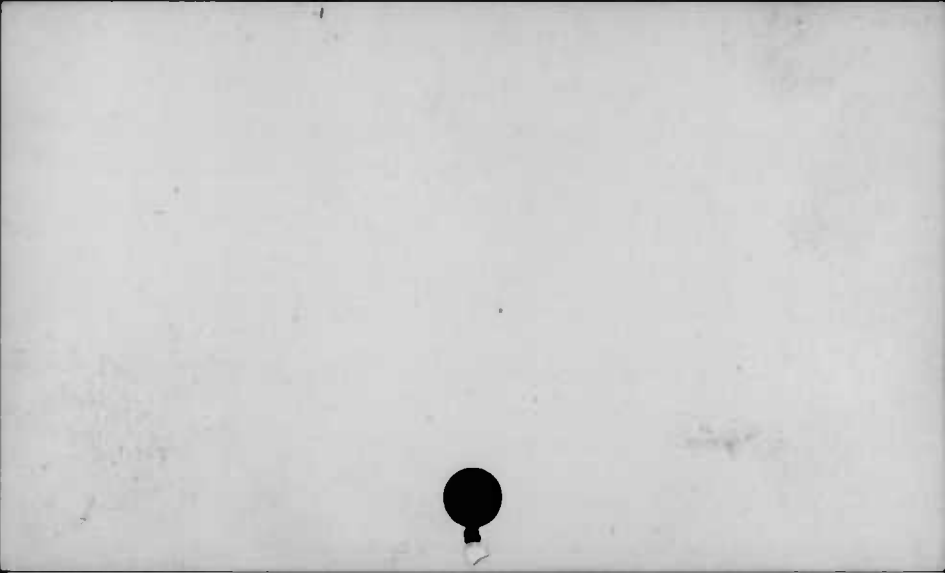
Reported by

J. M. M. M.

Address

Riverside S. S. Marlboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Madeline Chiron  
 Town County

MARYLAND

Died at Hyattsville

Date 1902 July 1

Y. M. D. 2 - 1

Native of

Occupation

Male

Female

Married

Single

Widow

Widower

Divorced

Number of children living

None

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

Bladenburg  
Cemetery

Name in Full

Certificate of Death

Died at

Date 1902

Month Day

Age

Y. M. D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79008





Name in Full

Certificate of Death

*Samuel O Doason*

Town

County

Died at *Bloomer* *Prince Georges*

MARYLAND

Date 19 *02* Month *Aug* Day *7* Y. M. D. Age *11* Native of *Ma* Occupation *-*

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

*Six*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

*Samuel Doan* *Fannie Townsend*

Cause of

Primery

*Cholera Infantum*

How long sick

*about 2 weeks*

Death

Immediate

Accident, Suicide, Homicide

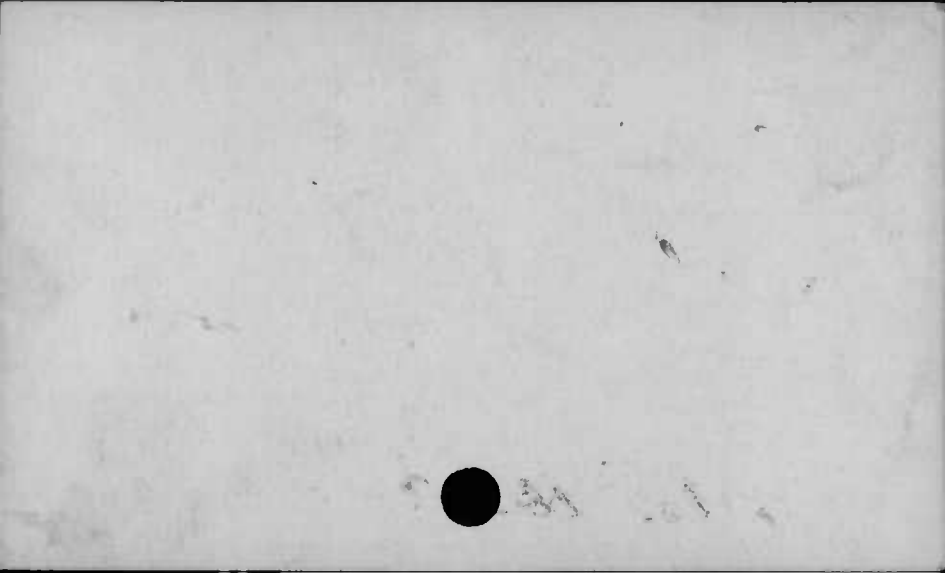
Reported by

*C. A. Fox*

Address

*Bloomer**Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Eliza Duckett

Town Dorrisville County Dorrisville MARYLAND

Died at

Date 1902 Aug 5 Age 50 Y. M. D. Native of Md Occupation

Male White Married Widowed Divorced  
Female Colored Single Widower Number of children living 8

Husband of Cornelius Duckett  
Wife

Father's Name Thomas Duckett Mother's Name Maria White Maiden Name

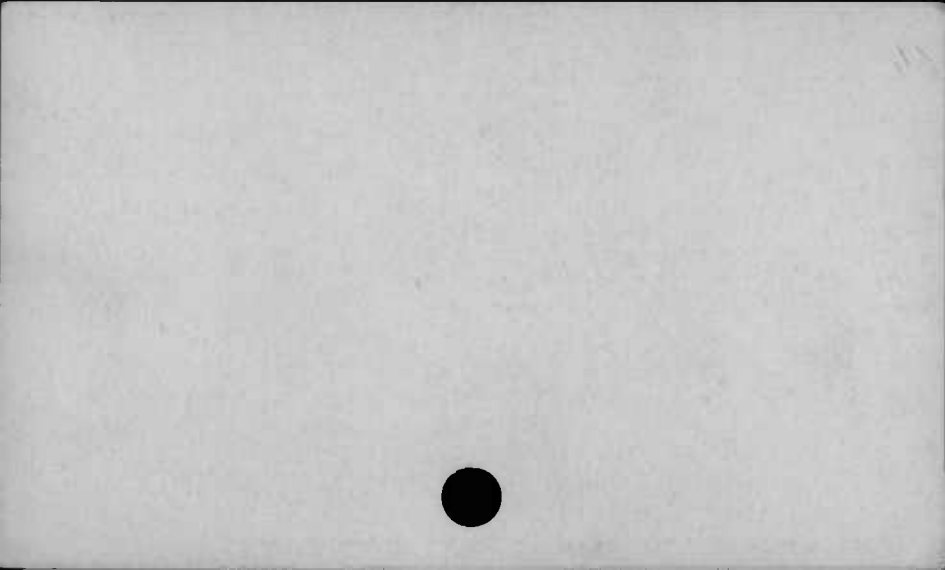
Cause of Primary Grief How long sick

Death Immediate Heart failure Accident, Suicide, Homicide

Reported by John E. Duckett

Address Dorrisville Md 179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Perry Ferguson

Town

County

Died at

Halls

Prince Georges

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

8

24

Age

7

Md

Male

White

Married

Widow

Divorced

FemaleColored

Single

Widower

Number of children living

Husband  
of  
Wife

X

Father's  
Name

John T. Ferguson

Mother's

Maiden Name

Emma Weirson.

Cause of

Primary

Intestinal Catarrh.

How long sick

3 months

Death

Immediate

Dysentery 105

Accident, Suicide, Homicide

Reported by

B. L. Bird, M.D.

Address

Leland P. G. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Upper Marlboro* Town*Pr. Geo.* CountyDate of death 1902 *Aug* Month *3* DayAge *63* Years

Months

Days

Sex *Male*Color or  
Race*Black*Birth-  
place*P. G. Md*Married, Single  
or Widowed*Widowed*

Occupation

*Janitor at Bank*Name of Wife or  
HusbandFather's  
Name*Nathaniel Lord*Father's  
Birthplace*P. G. Md*Mother's  
Maiden NameMother's  
Birthplace*" "*Name of person giving  
information*Robt Patterson*How related  
to deceased*Brother in law*

## CAUSES OF DEATH

Primary

*Gastritis*

How long

*3 yrs*

Immediate

*Mx haemorrhage*

How long

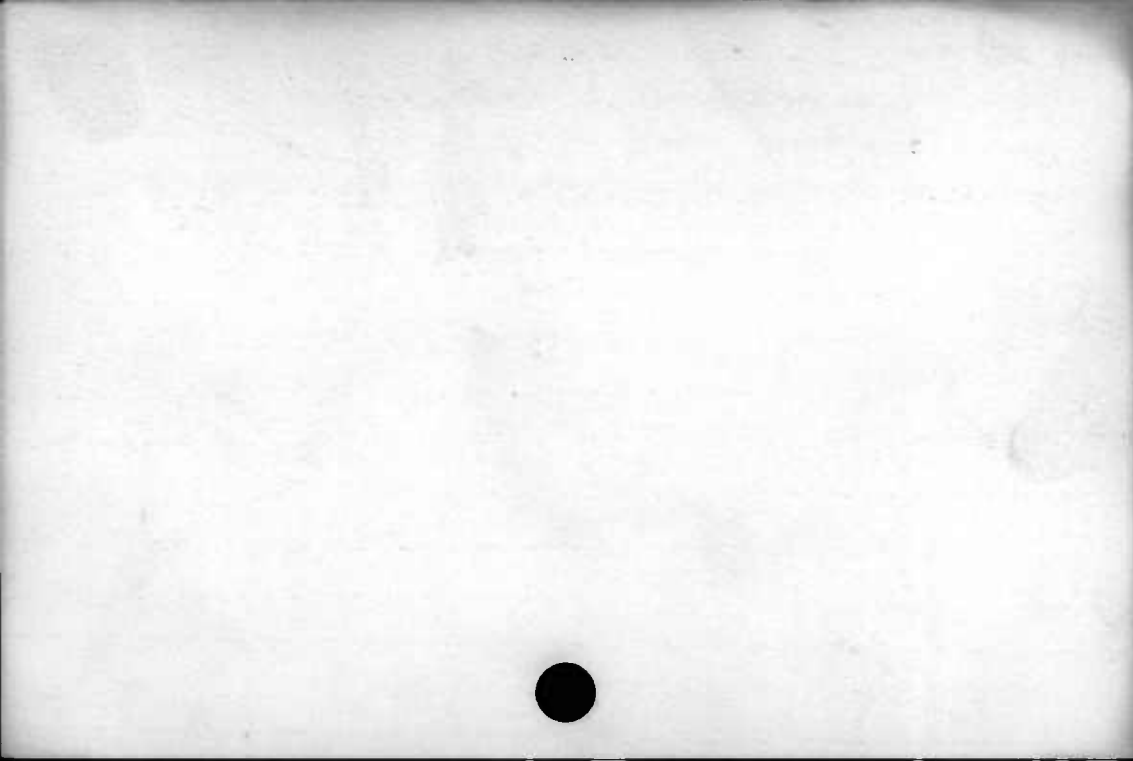
Are the name, age, sex, color, date  
and place correctly given above?*I think so*Signature of  
Physician*L. A. Liffel*

Address

*It a doctor fees  
lines for two months.**Upper Marlboro*

Accident or Suicide?

*Md*PHYSICIAN  
OR CORONER





Name In Full

Certificate of Death

Sarah Ford

Town

County

MARYLAND

Died at

New Marlboro P. Geo

Date 18

902

Month

8

Day

16

Y.

M.

D.

Age

39

Native of

Md

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Hopewell Ford

Father's

Name

Norris Butler

Mother's

Name

Sarah Butler

Cause of

Primary

Abscess of Brain

How long sick

6 mos.

Death

Immediate

Accident, Suicide, Homicide

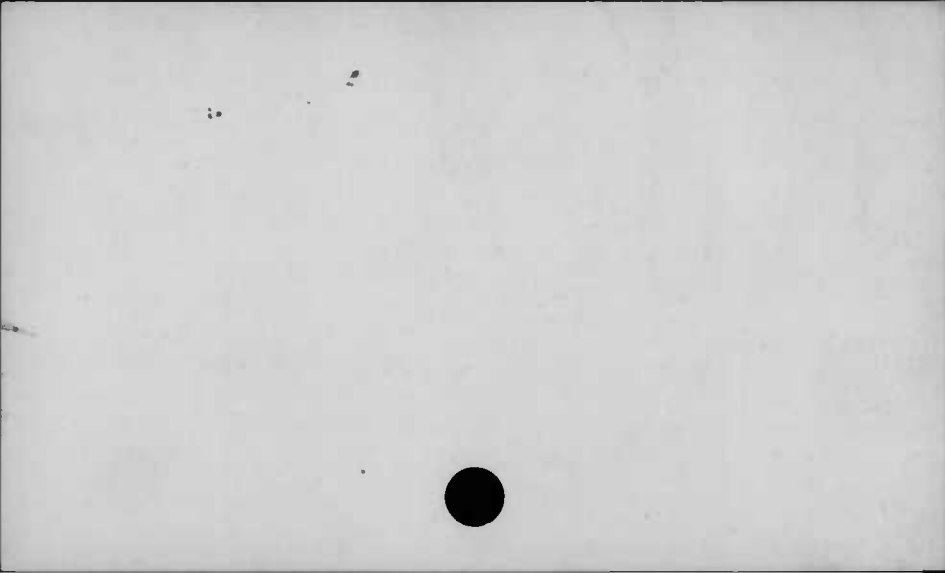
Reported by

Rivendy Sasser M. D.

Address

Marlboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Sarah E Franklin

## CERTIFICATE OF DEATH

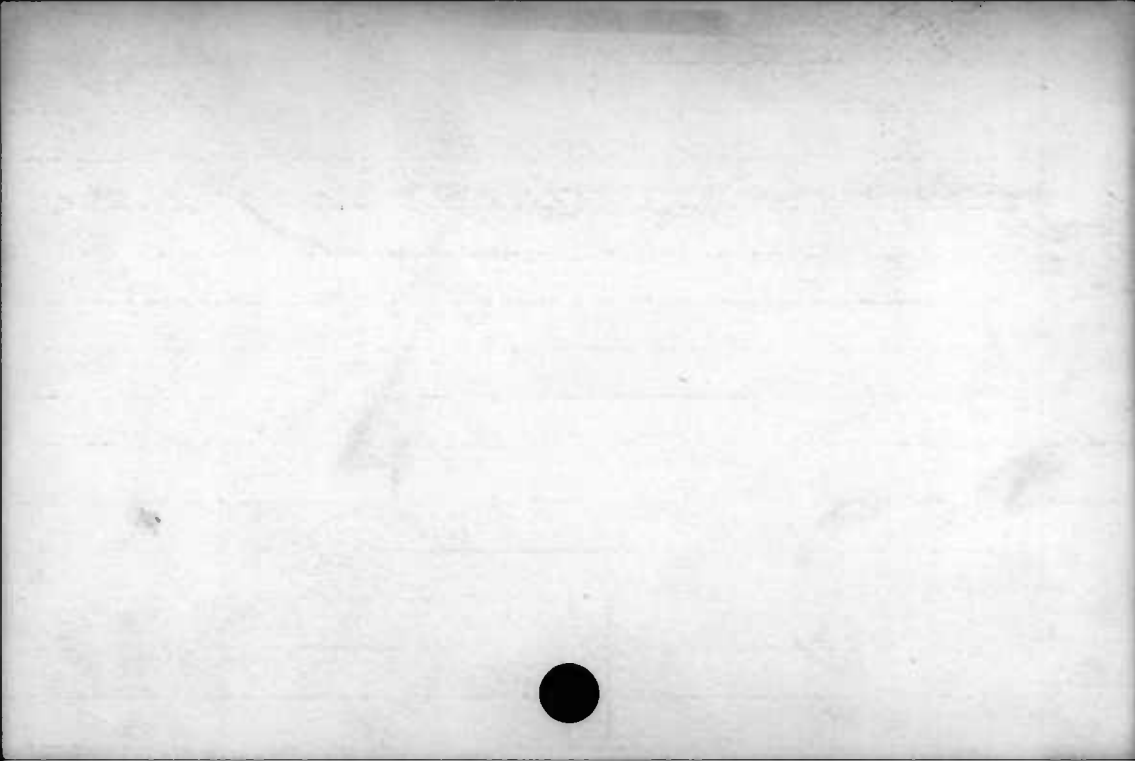
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Murksville</u> <sup>Town</sup>		<u>Prue Geo.</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Aug</u>	Day <u>27</u>	Age <u>2</u> <sup>Years</sup>	Months <u>—</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>black</u>		Birth-place <u>md.</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Wm. Franklin</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mattie Waldon</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Wm. Franklin</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Eclampsia - Coelitis</u>	How long <u>several months</u>
Immediate <u>un determined</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. F. Taylor</u>
	Address <u>Laurel Md</u>
Accident or Suicide? <u>—</u>	



Name in Full

Certificate of Death

Name in Full *Nursanara Franklin*  
 Died at *Thomsville* Town *Prince Georges* County *MARYLAND*  
 Date 19 *02* Month *Aug* Day *8* Y. *1* M. *-* D. *-* Native of *Md* Occupation *-*  
☒ Male ☐ Female ☐ White ☐ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced  
 Number of children living *8*

Husband of *-*  
 Wife *-*  
 Father's Name *Edward Franklin* Mother's Maiden Name *Mamie Milburn*

Cause of Death { Primary *Whooping Cough* Immediate *Secondary pneumonia* } How long sick *2 weeks*  
 Accident, Suicide, Homicide *-*

Reported by *John E. Brumby*  
 Address *Thomsville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Emily E. Garner


## CERTIFICATE OF DEATH

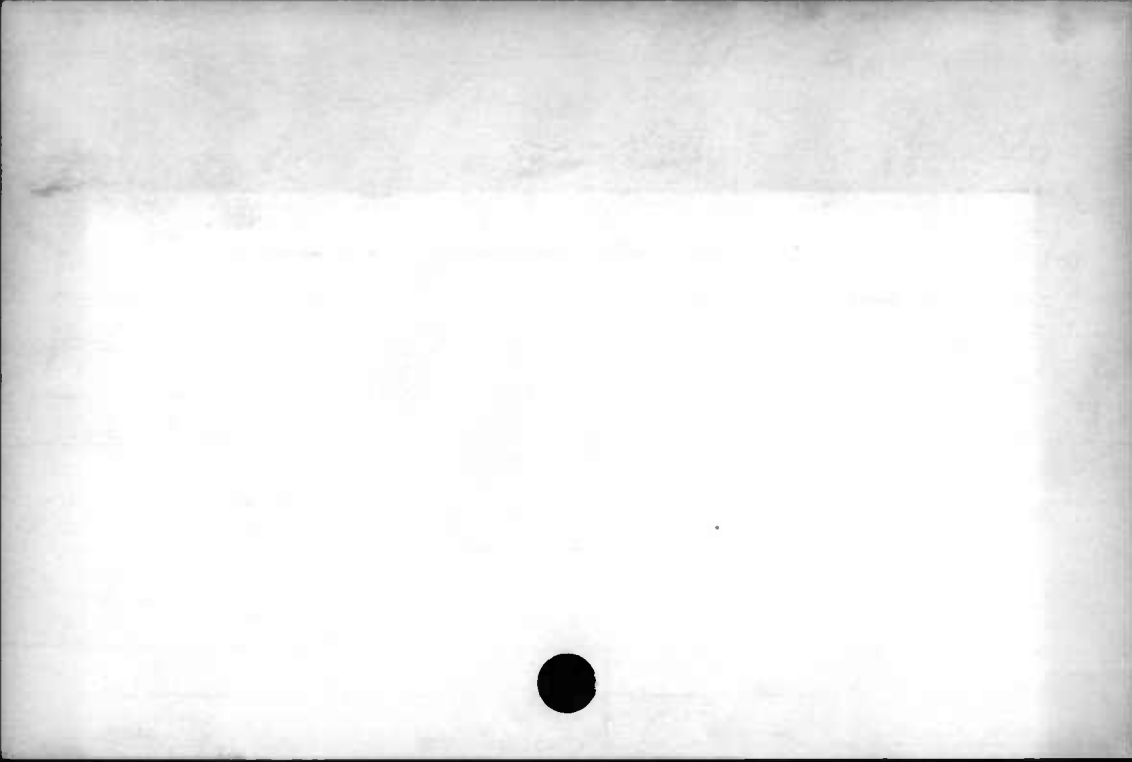
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Marlboro</i> <small>Town</small>		<i>Prince George's</i> <small>County</small>		MARYLAND	
Date of death 1902	<i>August</i> <small>Month</small>	<i>15th</i> <small>Day</small>	Age <i>7</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Prince George's</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>J</i>					
Father's Name <i>James H. Garner</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Laura Garner</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Charles F. Tomlinson</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>166</i>	How long
Immediate <i>Gunshot wound</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Alfred Ridgely, Coroner</i>	
	Address 	
Accident or Suicide? <i>Accident</i>		





Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 19

Male

Month

Day

Y.

M.

D.

Native of

Occupation

Female

White

Married

Widow

~~Divorced~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Crisis of heart &amp; anemia

How long sick

9 mos.

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

Wm. B. McInally

Address

1030 N. Euter St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Shirley H. Hamilton

Town

County

MARYLAND

Died at

Allentown

Pr. Geo.

Date 19

Aug. 27

Age

1-3

Male

~~Female~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

George Hamilton

Mother's

Maiden Name

Lulu Thomas

Cause of

Primary

Gastro-enteritis

How long sick

Death

Immediate

Delayed Dentition &amp; Malnutrition

Accident, Suicide, Homicide

Reported by

C. P. Simpson, M.D.

Address

Racine, Wis.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75808



Name in Full *Maria Harrison*

Town *Mitchellville* County *Prince George* MARYLAND

Died at *Mitchellville* *Prince George* MARYLAND

Month *8* Day *31* Y. *\* M. *\* D. *3* Native of *P.G. Co.* Occupation

Date 19 *02* - *8* *31* Age *\* *\* *3* *P.G. Co.*

~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~

*Female* *Colored* *Single* *Widower* Number of children living

Husband  
of  
Wife

Father's Name *Basil Harrison* Mother's Name *Maria Boon*

Cause of Death { Primary Immediate *unknown* } How long sick *3 days*

Accident, Suicide, Homicide

Reported by *Mary Harrison. Mid wife*

Address *Mitchellville*



Name in Full

Certificate of Death

Laura Hasler

Died at

Town

County

Silver Hill Pr. Geo Co -

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902 Aug. 8 - Age - 1-14 - md none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Rudolph H Hasler

Mother's

Name

Edna Hasler

Cause of

Primary

Marasmus

How long sick

Death

Immediate

Exhaustion

~~Accident Suicide Homicide~~

Reported by

A. A. Byles

Address

Rudolph Hasler 105 D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988





Name in Full

Richard Jackson

Died at

Town  
Marlboro

County  
Plymouth

MARYLAND

Date

1931 2

Month 8 Day 6

Age

Y. - M. D. 21

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living -

Husband of

Wife

Father's Name

Henry Jackson

Mother's Name

Rebecca Brown

Cause of

Primary

Congenital Deformities

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Remondy Sasser, M.D.

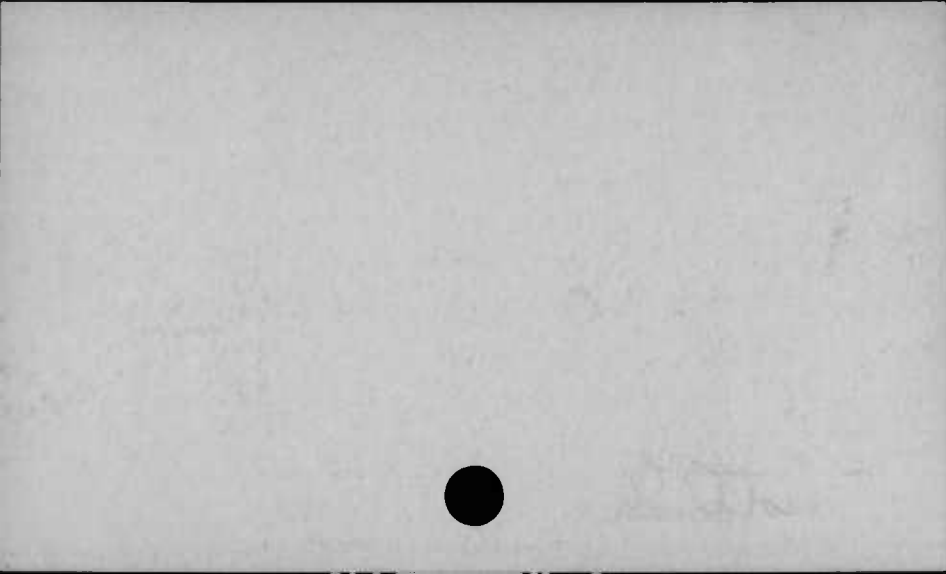
Address

Upper

Marlboro

Mich

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Eugene Johnson

Town

Bowie

County

Prince George

MARYLAND

Died at

Date 1902

Month

Day

Aug 18

Y.

M.

D.

Age

7 16

Native of

Maryland

Occupation

Male

~~Female~~~~Married~~~~Widow~~~~Single~~

Colored

Single

~~Widower~~

Number of children living

~~Human~~~~White~~

105.

Father's

Name

Alfred W Johnson

Mother's

Maiden Name

Hattie Harrison

Cause of

Primary

Cholera Infantum

How long sick

two weeks

Death

Immediate

Insanction

~~Accident, Suicide, Homicide~~

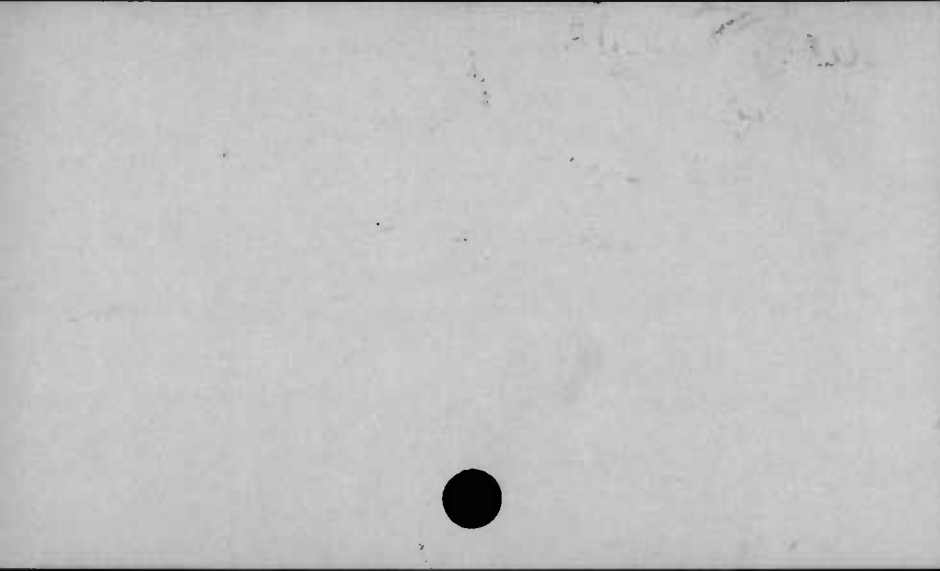
Reported by

Walter A Ryan Jr

Address

Bowie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Caroline Howell Kreuttner

Town

County

Died at

Berwyn

Pr. Geo.

MARYLAND

Date 1902

Month Day

Aug 28

Age

Y. M. D.

0 4 3

Native of

Md.

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Joseph Wavack Kreuttner

Mother's

Carrie B. Kreuttner

Maiden Name

Carrie Belle McAlister

Cause of

Primary

Tubercular peritonitis

How long sick

Death

Immediate

asthenia

Accident, Suicide, Homicide

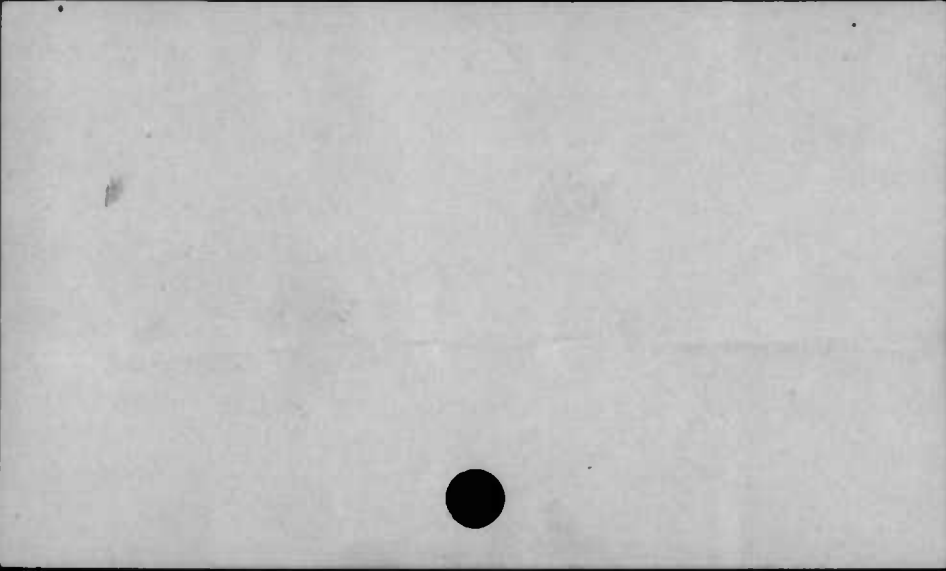
Reported by

J. H. Branson MD

Address

1231 N. J. ave. Wash, D. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary L. Lawrence

Town

County

Died at

Oxen Hill

Pr. Geo.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

8

10

Age

-

5

-

Md.

MaleWhiteMarriedWidowDivorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Thomas Lawrence

Sophia Hall

Cause of

Primary

Gastro-Enteritis

How long sick

3 weeks

Death

Immediate

Infectious Stomatitis

Accident, Suicide, Homicide

Reported by

E. P. Simpson, M.D.

ROSECROFT,

Pr. Geo. Co., Md.

Address

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Geo. E. Lewis

Town

County

MARYLAND

Died at

Hyattsville

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Aug 31

Age

36

~~—~~

M.D.

Civil Engineer

Male

White

~~Married~~~~Widower~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Geo. P. Lewis

Mother's

Maiden Name

Julia A. ~~Morfat~~

How long sick

3 weeks

Cause of

Primary

Typhoid fever

Death

Immediate

Septicthemia

Accident, Suicide, Homicide

Reported by

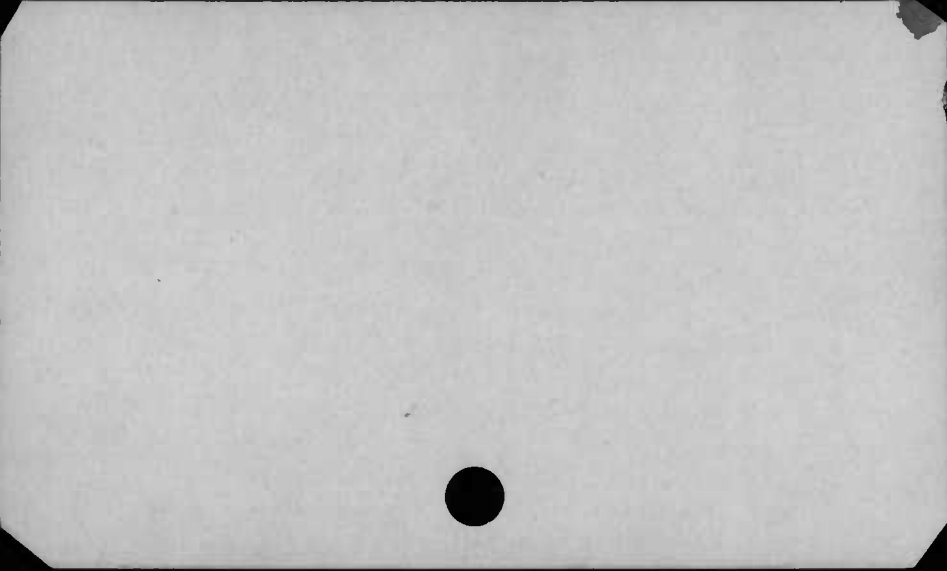
H. Richardson

Address

Rt. 1, Hyattsville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gerge Marlow

Town

Died at

MARYLAND

Surrey

County

Prince-Georges

Date 1902

Month

Day

Aug 10

Age

Y.

M.

D.

6

Native of

Md.

Occupation

Chief

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Gerge Marlow

Mother's

Maiden Name

Mary. Hammond

Cause of

Primary

Cholera infantum

How long sick

2 weeks

Death

Immediate

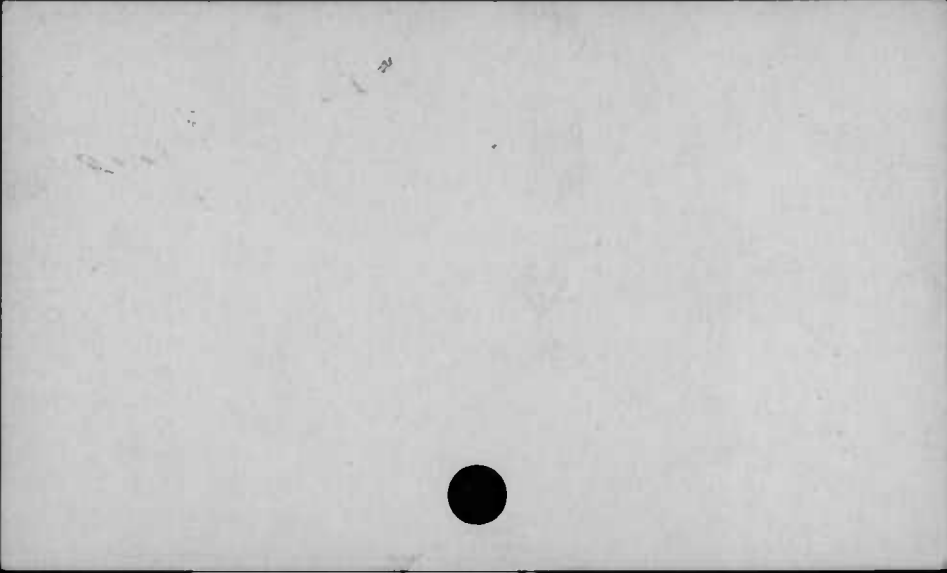
Accident, Suicide, Homicide

Reported by

D. M. Pyley

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John Howell Morrison

## CERTIFICATE OF DEATH

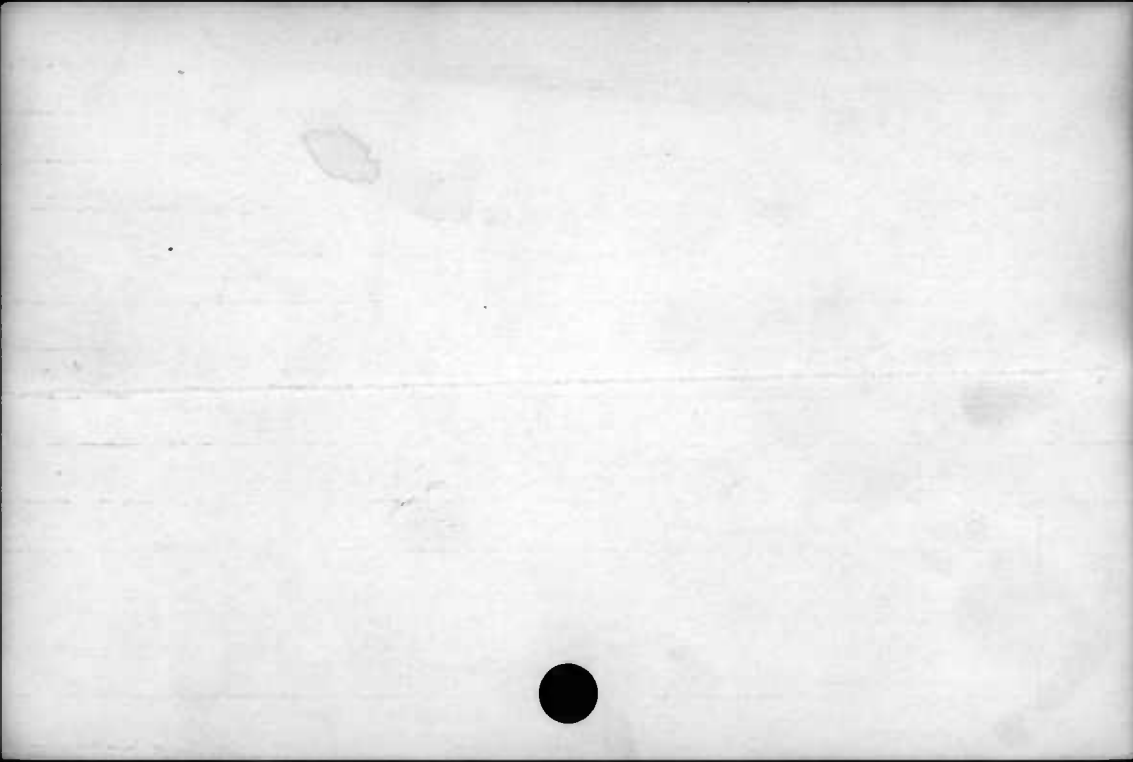
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Laurel</i>		County <i>Pr. Geo.</i>		MARYLAND	
Date of death 190 2		Month <i>August</i>		Day <i>16</i>		Age <i>67</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Liberty Fredrick Co.</i>		Months <i>8</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Blacksmith</i>					
Name of Wife or Husband <i>Martha</i>							
Father's Name <i>William</i>		Father's Birthplace <i>Penn.</i>					
Mother's Maiden Name <i>Gallagher</i>		Mother's Birthplace <i>Fredrick Co.</i>					
Name of person giving In formation <i>G. H. Morrison</i>		How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Mitral regurgitation</i>	How long	<i>10 years</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>T. P. Ryer</i>	
		Address <i>Laurel, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Thos. J. O'Bryen

CERTIFICATE OF DEATH

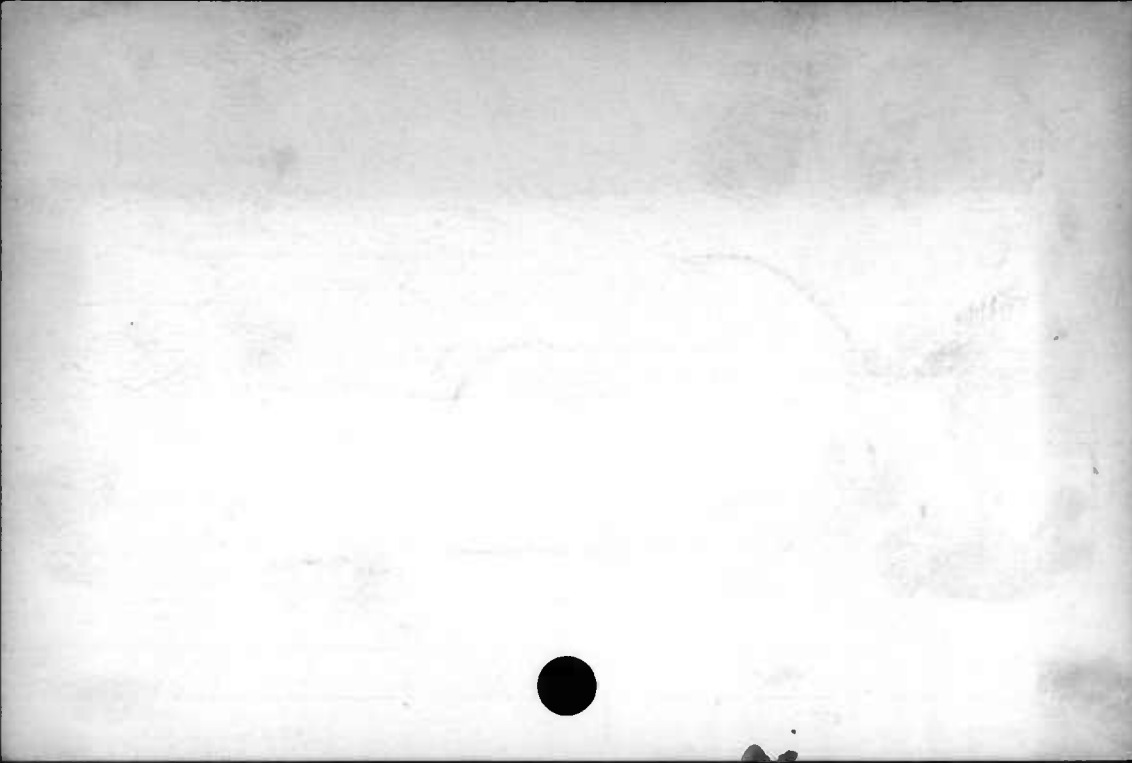
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Marlboro</u> <small>Town</small>		<u>Ar Geo</u> <small>County</small>		MARYLAND	
Date of death 190 <u>2</u>	<u>Aug</u> <small>Month</small>	<u>19</u> <small>Day</small>	Age <u>28</u> =	<u>28</u> <small>Months</small>	<u>0</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Junior Court House</u>				
Name of Wife or Husband <u>—</u>					
Father's Name <u>Thos. A. O'Bryen</u>			Father's Birthplace <u>Ches Co</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>Ches Co</u>		
Name of person giving information <u>Thos. A. O'Bryen</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Intermittent fever</u>	How long <u>1 wk</u>
Immediate <u>Heart failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. D. Griffith</u>
<u>Yes</u>	Address <u>Upper Marlboro Md.</u>
Accident or Suicide?	





Beaunard Oden

Town

County

Died at near Marlboro' P.G.

MARYLAND

Date 19 62      8      18      Age 2 - -      Ind      Occupation \_\_\_\_\_

Male      ~~White~~      ~~Married~~      ~~Widow~~      ~~Divorced~~

~~Female~~      Colored      Single      ~~Widower~~      Number of children living \_\_\_\_\_

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sara A Offutt

Town

County

Died at

Bowie

Prince George

MARYLAND

Date 1902 Aug 24 | Age 64 Y. 11 M. 10 D. | Native of Washington | Occupation \_\_\_\_\_

Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living 2

Husband of John Offutt

Wife \_\_\_\_\_

Father's Name William Robey | Mother's Name Catherine McDonald

Maiden Name \_\_\_\_\_

Cause of Death { Primary Acute Gastritis | How long sick 5 days

Death { Immediate Heart Failure 104 | Accident, Suicide, Homicide

Reported by

Nelson A Ryan

Address

Bowie, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name In Full

Certificate of Death

John O'Hair  
 Prince George's Co.,  
 County

MARYLAND

Died at

Town  
 Coatee

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Aug. 31

Age

65

Ireland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband  
 of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Rev. P. C. Reding

Address

Ammenedale

Mf.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1902

Husband  
of  
Wife

Father's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hyland R. Carlounds  
Town Race Cross County Pr Geo MARYLAND

Month Day Y. M. D. Native of Occupation

Aug 4

Age Infant

Male White Married Widower Divorced  
Female Colored Single Widower Number of children living

Mother's  
Maiden Name Lillian Carlounds

How long sick

Primary

Immediate

Accident, Suicide, Homicide

105 W Parkway Md  
Race Cross Md





Name in Full

Certificate of Death

Lertie Richardson

Died at <sup>Town</sup> Westphalia <sup>County</sup> P. H.

MARYLAND

Date 1962 <sup>Month</sup> 8 <sup>Day</sup> 10 | Age <sup>Y.</sup> - <sup>M.</sup> 1 <sup>D.</sup> - | <sup>Native of</sup> - | <sup>Occupation</sup> -

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
~~Female~~ <sup>Colored</sup> <sup>Single</sup> ~~Widower~~ <sup>Number of children living</sup> -

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name Henry Richardson Mother's Name Martha Wilson  
 Maiden Name \_\_\_\_\_

Cause of Death { Primary <sup>Don't know</sup> 151 | How long sick 1 day  
 { Immediate <sup>Don't know</sup> | ~~Accident Suicide Homicide~~

Reported by Philip Wilson Grandfather  
 Address Westphalia P. H. 60 Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79833



*Mary M. Sprigg.*

Died at *Mitchellville* <sup>Town</sup> *P. George* <sup>County</sup> **MARYLAND**

Date 19 *02* <sup>Month</sup> *Aug* <sup>Day</sup> *5* <sup>Y.</sup> *5* <sup>M.</sup> *Ind* <sup>D.</sup> <sup>Native of</sup> <sup>Occupation</sup>

~~Male~~

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

*Robert Sprigg*

Mother's

Maiden Name

*Maggie Young*

Cause of

Primary

*Dysentery*

How long sick

*2 weeks*

Death

Immediate

*Convulsions*

Accident, Suicide, Homicide

Reported by

*Benj<sup>r</sup>. L. Bird M.D.*

Address

*Lucas P. G. Co. Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 23

Age

49

~~Male~~  
Female~~White~~  
Colored~~Married~~  
Single~~Widow~~  
Widower~~Divorced~~  
Number of children living 1Husband  
of

Wife

Father's  
Name

Mother's

Maiden Name

114

Cause of

Primary

Cholera

How long sick

Death

Immediate

Gastric

Accident, Suicide, Homicide

Reported by

E. P. Simpson, Ind.

Address

Rose Croft, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79204



Name In Full

Certificate of Death

Arthur Clifton Turner

Died at <sup>Town</sup> Aquasco <sup>County</sup> Prince George MARYLAND

Date 1902 <sup>Month</sup> Aug. <sup>Day</sup> 28 <sup>Y.</sup> <sup>M.</sup> 4. <sup>D.</sup> 5 <sup>Native of</sup> Maryland <sup>Occupation</sup>

Male <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup>  
 Female <sup>Colored</sup> <sup>Single</sup> <sup>Widower</sup> <sup>Number of children living</sup>

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name George Jeremiah Turner Mother's Maiden Name Anna Turner

Cause of <sup>Primary</sup> Pedatrophia <sup>How long sick</sup> 3 months  
 Death <sup>Immediate</sup> Asthenia & Convulsions <sup>Accident, Suicide, Homicide</sup>

Reported by Wm. A. Marbury, M.D.,  
 Address Aquasco, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79805

481



Unknown Colored Man

Died at <sup>Town</sup> Bowie <sup>County</sup> Prince George MARYLAND

Date 1902 Aug 30 Age 35 Native of Unknown Occupation Unknown

Male ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ Number of children living

~~Colored~~ ~~Single~~ ~~Widower~~

Husband of Unknown

Father's Name Unknown Mother's Maiden Name Unknown

Cause of Death { Primary Struck by Train How long sick 166  
Immediate on B & O RR. Accident, Suicide, Homicide

Reported by Walton A. Botts P.P.

Address Bowie Prince George Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Elmer Wilson  
 Town County P. Es.

Died at Craun

MARYLAND

Date	1902	Month	Aug	Day	31	Y.	M.	D.	4	Native of	md	Occupation	none
Male		White		Married		Widow		Divorced					
Female		Colored		Single		Widower		Number of children living					

Husband of  
 Wife

Father's Name John F. Wilson Mother's Maiden Name Emma Gayman

Cause of	Primary	Enterocolitis	How long sick	2 weeks
Death	Immediate	Exhaustion	<del>Accident, Suicide, Homicide</del>	

Reported by W. H. Subbans md.  
 Address Craun md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*J. In T. Young*  
 Town *Hyattsville* County *Prince Geo. Co* MARYLAND

Died at *aug 1* Month *Aug* Day *1* Y. *57* M. *Ind* D. *Retired* Occupation *Capital*

Date 19 *1911* Age *57* Native of *Ind* Occupation *Retired*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *2*

Husband of *Wm*

Wife

Father's Name *Corn Thos Young* Mother's Maiden Name *A. E. Dove*

Cause of Death { Primary *Angina Pectoris* Immediate *80* How long sick *3 wks* Accident, Suicide, Homicide

Reported by *Chas Wm M*

Address *Hyattsville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J D Miller

822 9 st NE